

Dr. Schoverling

DANIEL GORDON WALKER, D.D.S., M.D., M.Sc.

Oral and Maxillofacial Surgery

1223 HERMANN PROFESSIONAL BLDG.

HOUSTON, TEXAS 77025

Telephone JA. 6-1529

DEAR

*Dub*

THANK YOU FOR REFERRING

Jeff Konen

REGARDING

*Imp 3<sup>rd</sup> molars*

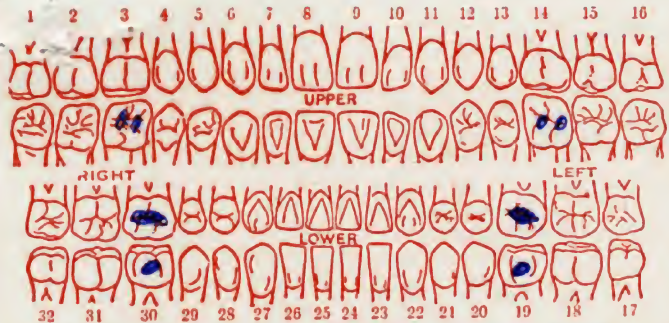
REMARKS

*Will do just as*

*soon as he graduates -*

SINCERELY YOURS

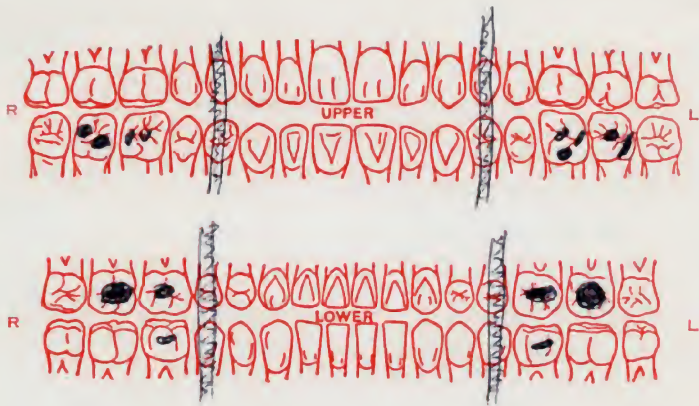
*D Gordon*



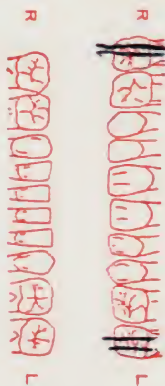
Name Koren, Jeff  
 Address 3635 Glen Haven  
 Telephone 3118 Underwood  
 Reference H. J.  
 Estimate \_\_\_\_\_

DATE	NO.	DESCRIPTION	TIME	DEBIT	CREDIT		BALANCE
					DATE	AMOUNT	
11-28-58		#24 <sup>1</sup> / <sub>2</sub> , #25 <sup>1</sup> / <sub>2</sub> - Ext		6 00			6 00
12-5-58		#20 <sup>1</sup> / <sub>2</sub> - 0 - Am		8 00			14 00
					1-19-59	14 00	—
8-25-59		Propylaxen		5 00			
		#29 <sup>3</sup> / <sub>2</sub> - 0 - Am		8 00			13 00
					9-2-59	13 00	—
11-1-60		#3-0 <sup>2</sup> -am		6 00			
		#14-0 <sup>2</sup> -am		6 00			

DATE	NO.	DESCRIPTION	TIME	DEBIT	CREDIT		BALANCE
					DATE	AMOUNT	
		Prophy laxis		5 00			17 00
					12-8 60	17 10	—
7-27-62		Prophy laxis		6 00			6 00
7-30-62					8-21-62	6 00	—
12-21-62		Trenectomy		25 00			25 00
12-28-62					1-18-63	25 00	—
7-18-63		Prophy laxis		6 00			6 00
7-29-63		#19-0 + E - am		10 00			
		#30-0 + E - am		10 00			26 00
					9-14-63	26 00	—
9-28-63							
10-4-63		1 X-ray		3 00			3 00
10-29-63					11-13-63	3 00	—
7-22-64		Prophy laxis		7 00			7 00



DECIDUOUS



ESTIMATE

REFERENCE

NAME

Jeff Koren

PHONE

ADDRESS

3118 Underwood.

DATE	NO.	DESCRIPTION	TIME	DEBIT	CREDIT		BALANCE
					DATE	AMOUNT	
8-5-64		#1 $\frac{1}{2}$ , #10 $\frac{1}{2}$ ext.		10 <sup>00</sup>			17 <sup>00</sup>
					8-17-64	8 <sup>00</sup>	9 <sup>00</sup>
8-26-64	St.				9-9-64	9 <sup>00</sup>	
8-2-65		Prophyllaxis		7 <sup>00</sup>			
		#2, 0, am		6 <sup>00</sup>			
		#15, 0, am		6 <sup>00</sup>			19 <sup>00</sup>
8-6-65		#5, #12, #20, #29, Est.		40 <sup>00</sup>			59 <sup>00</sup>
8-26-65	St				9-16-65	59 <sup>00</sup>	
6-28-65		Oral Eryom		3 <sup>00</sup>			3 <sup>00</sup>
7-15-66					7-25-66	3 <sup>00</sup>	
6-9-67		#78, 0, am e anes+dyeal		10 <sup>00</sup>			10 <sup>00</sup>
					7-10-67	10 <sup>00</sup>	



DATE	NO.	DESCRIPTION	TIME	DEBIT	CREDIT		BALANCE
					DATE	AMOUNT	
7-23-68		Prophyllaxis.		10 <sup>00</sup>			10 <sup>00</sup>
7-25-68	SV				9-4-68	10 <sup>00</sup>	<del>0</del>
8-26-68	SV						
8-28-69		Prophyllaxis.		12 <sup>00</sup>			
9-2-69		#14. I, Am. & Anes		8 <sup>00</sup>			
		#15 O, Am & Anes		8 <sup>00</sup>			
		#31. O Am & <sup>one</sup> dycal		15 <sup>00</sup>			43 <sup>00</sup>
9-8-69		#2. O, Am & Anes		10 <sup>00</sup>			53 <sup>00</sup>
					9-19-69	12 <sup>00</sup>	41 <sup>00</sup>
9-25-69	SV				10-14-69	41 <sup>00</sup>	<del>0</del>

W. J. SCHOVERLING, D.D.S., M.S.D.  
PRACTICE LIMITED TO ORTHODONTICS  
3931 ESSEX LANE — MOHAWK 5-7400  
ESSEX PROFESSIONAL BUILDING  
HOUSTON 27, TEXAS

8-21 1965

---

---

---

---

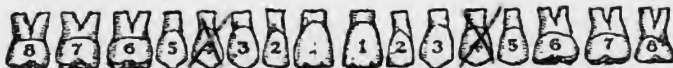
---

Please take \_\_\_\_\_ to your dentist and have the teeth indicated below extracted.

*Jeff Koenig*

UPPER LEFT

UPPER RIGHT



DECIDUOUS  
TEETH



DECIDUOUS  
TEETH

LOWER LEFT

LOWER RIGHT



*Mama Shantz, D.D.S.*

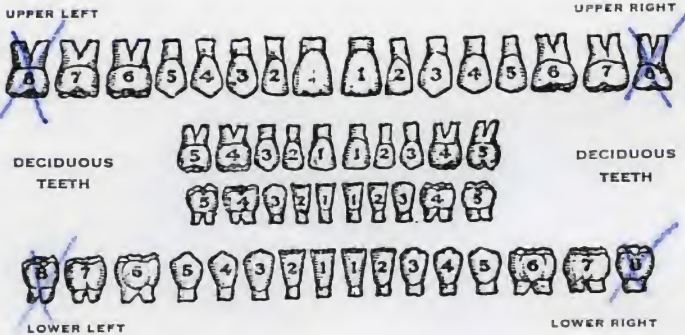
W. J. SCHOVERLING, D. D. S.  
PRACTICE LIMITED TO ORTHODONTICS  
3931 ESSEX LANE — 621-3155  
HOUSTON, TEXAS 77027

5-5-70

19

Please take \_\_\_\_\_ to your dentist and have the teeth indicated below extracted.

*Jeff Haines*



*Haines Haines*

W. J. SCHOVERLING, D.D.S., M.S.D.  
PRACTICE LIMITED TO ORTHODONTICS  
3931 ESSEX LANE — MOHAWK 5-7400  
ESSEX PROFESSIONAL BUILDING  
HOUSTON 27, TEXAS

8-21 1965

---

---

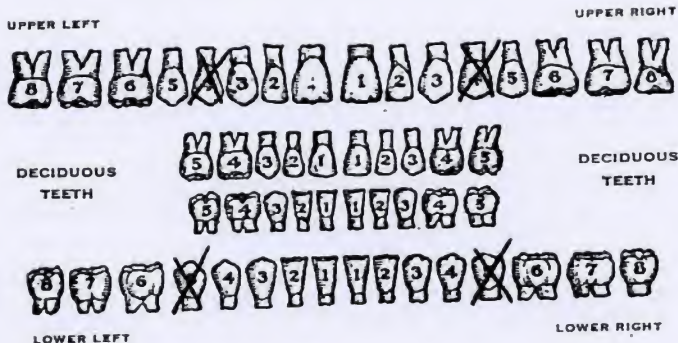
---

---

---

Please take \_\_\_\_\_ to your dentist and have the teeth indicated below extracted.

*Jeff Korman*



*Mama Hanks, Dad*



W. J. SCHOVERLING, D.D.S., M.S.D.

PRACTICE LIMITED TO ORTHODONTICS

3931 ESSEX LANE MOHAWK 5-7400

ESSEX PROFESSIONAL BUILDING

HOUSTON 27, TEXAS

October 12, 1965

Mr. H. J. Konen  
3118 Underwood  
Houston, Texas

Dear Mr. Konen:

As is my custom, I am sending this memorandum of the financial arrangement for the treatment of the malocclusion of Jeff's teeth, that you may have it for future reference.

The fee for the active treatment will be \$850.00 with an initial payment of \$100.00, and \$25.00 each month until the entire amount has been paid. There will be an additional fee should the patient require extended treatment due to an accident, or at the end of treatment when retaining appliances are placed, if they are broken or lost due to negligence.

There is no way of knowing the length of time it will require to complete a case. Some teeth move faster than others and some cases are more complicated than others.

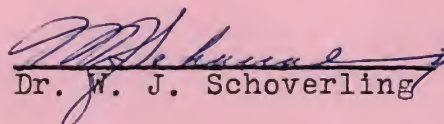
We examine the teeth very carefully for cavities, chart same, and give the chart to the patient, however, we cannot be held responsible for cavities. Jeff should see his general dentist at least every six months for an examination.

He must wear the appliance, follow all of my instructions, keep his appointments and take good care of his teeth as to proper cleaning, especially before retiring. I must ask for the cooperation of both patient and parents in order to obtain the desired results.

Please acknowledge receipt of this memorandum with your signature in the space provided on pink copy and return for our files.

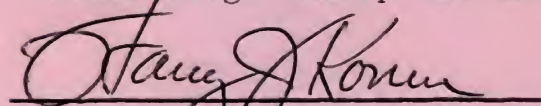
If there are any further questions regarding the case, please feel free to contact me.

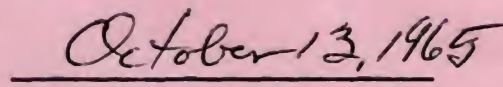
Sincerely,

  
Dr. W. J. Schoverling

WJS/w

I acknowledge receipt of the above memorandum.

  
Signature of Parent

  
Date

W. J. SCHOVERLING, D.D.S.  
 PRACTICE LIMITED TO ORTHODONTICS  
 3931 ESSEX LANE — 621-3155  
 HOUSTON, TEXAS 77027

5-10-70 1970

---



---



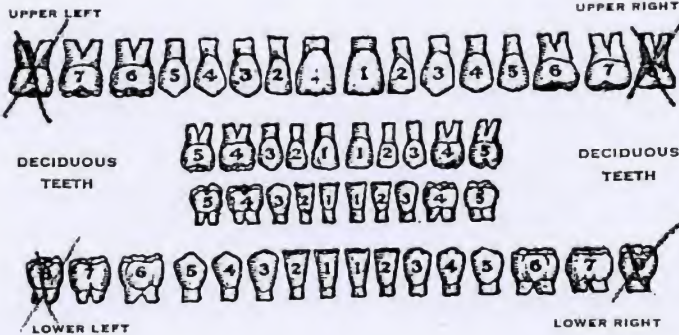
---



---

Please take \_\_\_\_\_ to your dentist and have the teeth indicated below extracted.

*Jeff W...*



*Wm. H. ...*  
*...*



DANIEL GORDON WALKER, D.D.S., M.D.

*Oral and Maxillofacial Surgery*  
1223 HERMANN PROFESSIONAL BLDG.  
HOUSTON, TEXAS 77025

June 19, 1970

Dr. W. J. Schoverling  
3931 Essex Lane  
Houston, Texas 77027

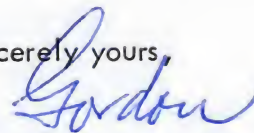
Dear Dub:

Thank you very much for referring Jeff Konen to me for removal of four impacted third molars. This procedure was carried out at the Methodist Hospital under general anesthesia on June 6, 1970. His postoperative course has been uncomplicated and I dismissed him to return to you for continued orthodontic care on June 17, 1970.

Thank you again for permitting me to work with you on this nice patient.

With kindest personal regards, I am

Sincerely yours,



Daniel Gordon Walker, D.D.S., M.D.

Dr. Schoverling

DANIEL GORDON WALKER, D.D.S., M.D., M.Sc.  
Oral and Maxillofacial Surgery

1223 HERMANN PROFESSIONAL BLDG.  
HOUSTON, TEXAS 77025

Telephone JA. 6-1629

DEAR

*Dub*

THANK YOU FOR REFERRING

Jeff Konen

REGARDING

*3<sup>rd</sup> molars*

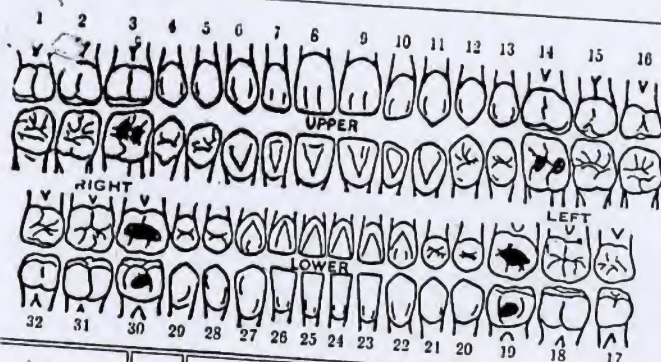
REMARKS

*Will do just as  
soon as he graduates -*

SINCERELY YOURS

*Gordon*





Name Koren, Jeff  
 Address 8685 Alton Avenue  
 Telephone 3118 Underwood  
 Reference H. J.  
 Estimate

DATE	NO.	DESCRIPTION	TIME	DEBIT	CREDIT		
					DATE	AMOUNT	BALANCE
11-28-58		#24 <sup>1</sup> / <sub>2</sub> , #25 <sup>1</sup> / <sub>2</sub> - Ext		6 00			6 00
12-5-58		#20 <sup>1</sup> / <sub>2</sub> - 0 - Am		8 00			14 00
8-24-59		Prophy laxis		5 00	1-19-59	14 00	
		#29 <sup>1</sup> / <sub>2</sub> - 0 - Am		8 00			13 00
11-1-60		#3-0 <sup>2</sup> / <sub>2</sub> - am		6 00	9-2-59	13 00	
		#14-0 <sup>2</sup> / <sub>2</sub> - am		6 00			

THE KOHLHAAS CO., CHICAGO

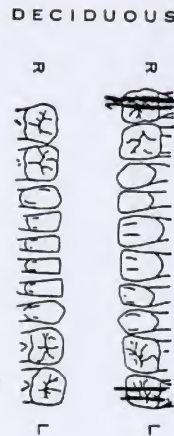
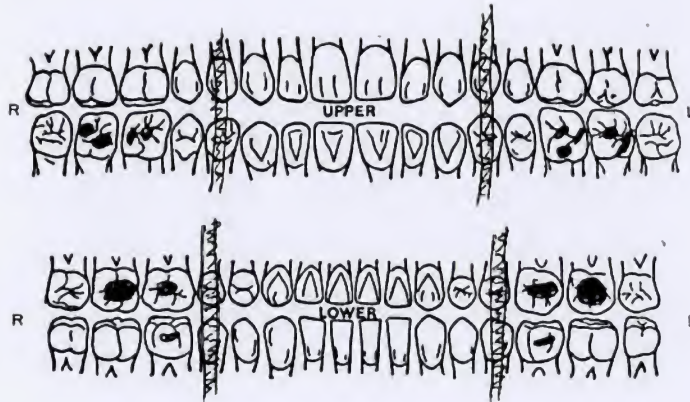
IN REORDERING SPECIFY "FORM 0020 NUMBERED NOT PUNCHED"

DATE	NO.	DESCRIPTION	TIME	DEBIT	CREDIT		BALANCE
					DATE	AMOUNT	
		Prophy luxi		5 00			17 00
7-27-62		Prophy luxi		6 00	12-8-60	17 10	—
7-30-62							6 00
12-21-62		Freneotomy		25 00	8-21-62	6 00	—
12-28-62							25 00
7-18-63		Prophy luxi		6 00	1-18-63	25 00	—
7-29-63		#19-0+E-am		10 00			6 00
		#30-0+E-am		10 00			26 00
					9-14-63	26 00	—
9-28-63							
10-4-63		1 X-ray		3 00			3 00
10-29-63							—
7-22-64		Prophy luxi		7 00	11-13-63	3 00	—
7-27-64							7 00

THE KOHLHAAS CO., CHICAGO

IN REORDERING SPECIFY "FORM 0020 NUMBERED NOT PUNCHED"





ESTIMATE

REFERENCE

NAME *Jeff Koren*

PHONE

ADDRESS *3118 Underwood.*

DATE	NO.	DESCRIPTION	TIME	DEBIT	CREDIT		
					DATE	AMOUNT	BALANCE
8-5-64		#12, #10 <sup>1/2</sup> ext.		10 <sup>00</sup>			17 <sup>00</sup>
					8-17-64	8 <sup>00</sup>	9 <sup>00</sup>
8-26-64	St.				9-9-64	9 <sup>00</sup>	0
8-2-65		Prophylaxis		7 <sup>00</sup>			
		#2, 0, am		6 <sup>00</sup>			
		#15, 0, am		6 <sup>00</sup>			19 <sup>00</sup>
8-6-65		#5, #12, #20, #29, Ext.		40 <sup>00</sup>			59 <sup>00</sup>
8-26-65	St				9-16-65	59 <sup>00</sup>	0
6-28-65		Oral Exam		3 <sup>00</sup>			3 <sup>00</sup>
7-15-66					7-25-66	3 <sup>00</sup>	0
6-9-67		#38, 0, am c Anes + dyed		10 <sup>00</sup>			10 <sup>00</sup>
					7-10-67	10 <sup>00</sup>	0



Name Konen, Jeff Age \_\_\_\_\_ Date \_\_\_\_\_ Case No. Rel

Parents H. J. Konen

Business Addr. \_\_\_\_\_ Phone \_\_\_\_\_

Residence 3118 Underwood Phone ██████████

Dentist Dr. Stovall M. D. \_\_\_\_\_

Reference \_\_\_\_\_ School \_\_\_\_\_

**BAND RECORD**

UL	UR
7 6 5 4 3 2 1	1 2 3 4 5 6 7
7 6 5 4 3 2 1	1 2 3 4 5 6 7
LL	LR
UL	UR
7 6 5 4 3 2 1	1 2 3 4 5 6 7
7 6 5 4 3 2 1	1 2 3 4 5 6 7
LL	LR

**CASE ANALYSIS**

1. Med. line \_\_\_\_\_
2. X-ray F.M. \_\_\_\_\_ H. P. \_\_\_\_\_
3. Photos \_\_\_\_\_ Class \_\_\_\_\_
4. Overbite \_\_\_\_\_ Openbite \_\_\_\_\_

Prognosis \_\_\_\_\_ Etiology \_\_\_\_\_

5-22-68 XRAYs RETURNED TO FILES

**TREATMENT OUTLINE**

Ma.	9/14	10/21
	9/23	
	9/30	
	10/7	
	10/14	

**NOTES**

*4/2*  
*5* R.M. 446

**Ledger Sheet**

**TREATMENT RECORD**

DATE		DATE	
9-14	Broken S.C.		
9-23	S.H.U. + Gap		Imp Bands
9-30	Imp. for Upper + Lower Bands		C 64/186
10-7	C 8/11/6		C 65/186 Imp Bands
10-14	C 65/186 Imp Bands		C 32/123 Imp Bands
10-21	C 32/123 Imp Bands		018476
	0164	11-18	
11-18	018476	12-23	0194026 2 C bands
12-23	0194026 2 C bands	1-20	act loops
1966		2-9	0194026 2 C bands 32/123 014
1-20	act loops	3-4	act loops to into 12
2-9	C upper bands 0140. act loops	3-10	01617 upper
3-4	act loops + Brackets	4-15	018476 upper
3-18	0164 HT upper act loops	5-7	018476 act loops
4-15	01617 upper act loops	5-31	0194026 upper lower
5-5	act loops	6-24	act loops shift bands
5-31	0194026 upper lower	7-15	act loops
6-24	act loops	8-12	act loops
7-15	act loops	9-1	
8-12		9-24	shift band to Rt-act loops
9-1	act loops	10-27	shift upper act loops
9-29	act loops to Rt - act loops	11-22	act loops
10-27	act loops upper	12-13	act loops
11-22	act loops	1-19	act loops
12-13	act loops		
1967			
1-11	0194026 1 C band	2-8	act loops
2-8	act loops	3-2	act loops
3-3	act loops	3-22	act loops
3-22	act loops	4-21	0194026 upper act loops
4-21	act loops	5-9	act loops
5-9	act loops	6-7	act loops main 0194026
6-7	act loops	6-23	act loops



TREATMENT RECORD

DATE		DATE	
6-28	Broken - checked	7-13	
7-13	act lamp 3.0V	8-9	BTC 717 change burner
8-9	B-C-77 from 6 to 0.4L		excite. 0.14 power.
8-30	0.16HTL	8-31	0.16HTL act lamp
9-22	0.18HTL RWy 31	9-22	0.18HTL
10-25	0.20 act lamp	10-25	0.20 - 31
12-1	0.19x. 0.26	12-1	0.19x. 0.26
12-21	1.1k to RWy on 31	12-21	single. 4.3 - to back burner.
1968		1-12	ck.
1-18	unl. B.C. checked	1-24	
1-24	0.26 power	2-21	0.19x. 0.26 upper 1.0k
2-21	replace cap	3-19	0.14 excite.
3-19	2.5k B.C. on left side.	4-9	ck.
4-9	no more excite.	5-2	ck.
5-21	1.2k on left side vol.	5-24	ck.
5-24	ck - no more excite.	6-13	ck.
6-13	ck.		D.R.B
7-13	B.C. imp nuts	7-16	Ret.
7-16	Mount set.	8-13	ck.
8-13	ck.	10-15	adi.
10-15	ck.		recall 6 months.
4-25	6k ad.	4-25	Recall April
7-2	Imp set (last) 35.00 ✓	7-2	Recall October 6 mo
7-9	Mount set.	7-9	
10-31	Imp Hamley 35.00 ✓	10-31	Mount Hamley -
10-31	Mount 14 wires.		6 months recall
(1070)		4-21	Recall April 1970
4-21	x RWy 4.18, unil give		4 wires 2 sec. 4 H.C.S. -
4-28	Imp set - 35.80V	5-4	Mount set.
5-1	Broken - card sent		
	recall 6 months + 1k + 1.5k + 2.5k + 4.5k + 7.5k + 10k + 15k + 20k + 30k + 40k + 50k + 60k + 70k + 80k + 90k + 100k + 110k + 120k + 130k + 140k + 150k + 160k + 170k + 180k + 190k + 200k + 210k + 220k + 230k + 240k + 250k + 260k + 270k + 280k + 290k + 300k + 310k + 320k + 330k + 340k + 350k + 360k + 370k + 380k + 390k + 400k + 410k + 420k + 430k + 440k + 450k + 460k + 470k + 480k + 490k + 500k + 510k + 520k + 530k + 540k + 550k + 560k + 570k + 580k + 590k + 600k + 610k + 620k + 630k + 640k + 650k + 660k + 670k + 680k + 690k + 700k + 710k + 720k + 730k + 740k + 750k + 760k + 770k + 780k + 790k + 800k + 810k + 820k + 830k + 840k + 850k + 860k + 870k + 880k + 890k + 900k + 910k + 920k + 930k + 940k + 950k + 960k + 970k + 980k + 990k + 1000k		
5-13	recall 6 months + 1k + 1.5k + 2.5k + 4.5k + 7.5k + 10k + 15k + 20k + 30k + 40k + 50k + 60k + 70k + 80k + 90k + 100k + 110k + 120k + 130k + 140k + 150k + 160k + 170k + 180k + 190k + 200k + 210k + 220k + 230k + 240k + 250k + 260k + 270k + 280k + 290k + 300k + 310k + 320k + 330k + 340k + 350k + 360k + 370k + 380k + 390k + 400k + 410k + 420k + 430k + 440k + 450k + 460k + 470k + 480k + 490k + 500k + 510k + 520k + 530k + 540k + 550k + 560k + 570k + 580k + 590k + 600k + 610k + 620k + 630k + 640k + 650k + 660k + 670k + 680k + 690k + 700k + 710k + 720k + 730k + 740k + 750k + 760k + 770k + 780k + 790k + 800k + 810k + 820k + 830k + 840k + 850k + 860k + 870k + 880k + 890k + 900k + 910k + 920k + 930k + 940k + 950k + 960k + 970k + 980k + 990k + 1000k		
6/12/70	X-rays returned from Dr. Walker		Recall November